PART B - FEE(S) TRANSMITTAL

complete and sees this form, together with applicable fee(s), to: Mail



Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed whe sand notification of maintenance fees will be mailed to the current correspondence address pecifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS". Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m | | | | | | |
|--|--|---------------------------------------|--|--|--|---------------------------------|--|--|--|--|
| | 590 08/18/2004 | | | ha | ve its own certifica | te of mailing or transmission. | | | | |
| BELL, BOYD & | LLOYD LLC | | | T 1. | Ce | rtificate of Mailing or Trans | smission | | | |
| P. O. BOX 1135 | <00 110 # | | | Sta | ates Postal Service | with sufficient postage for fir | g deposited with the On st class mail in an envel | | | |
| CHICAGO, IL 60 | I hereby certify that this Fee(s) Transmittal is being deposited with States Postal Service with sufficient postage for first class mail in addressed to the Mail Stop ISSUE FEE address above, or bein transmitted to the USPTO (703) 746-4000, on the date indicated be | | | | | | | | | |
| 5/2004 DEMMANU2 00000 | VV3 V77037CC | | | Ē | | | (Depositor's na | | | |
| :1501 | 1370.00 OP | | | <u> </u> | - | #W- | (Signat | | | |
| ::1504 ::8001 | 300.00 OP 30.00 OP | | | | | | (C | | | |
| APPLICATION NO. | FILING DATE | F | FIRST NAMED | INVENTO | R | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | | |
| 09/963,922 | 09/26/2001 | | Neil D. Fa | lconer | | 0112300-638 | 1274 | | | |
| nonprovisional | NO NO | \$1330 | | robl | \$300 | \$1630 | 11/18/2004 | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FE | | PUBLICATION FEE | | TOTAL FEE(S) DUE | DATE DUE | | | |
| · | | | | CLASS-SUBCLA SS | | ٦ | | | | |
| EXAMINER ONE IL MICHAEL IV | | <u> </u> | <u> </u> | | | J | | | | |
| ONEILL, MICHAEL W | | 3/13 | 3713 463-020000 | | | | | | | |
| | e address or indication of "F | ee Address" (37 | 2. For printi | ng on the | patent front page, l | | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | | | |
| Address form PTO/SB/122) attached. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | |
| 3. ASSIGNEE NAME ANI | RESIDENCE DATA TO E | E PRINTED ON T | HE PATENT (| (print or t | ype) | - | | | | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified by 37 CFR 3.11. Completion | elow, no assignee of this form is NOT | data will appea Ta substitute fo | ar on the or filing an | patent. If an assig n assignment. | nee is identified below, the d | locument has been file | | | |
| (A) NAME OF ASSIGN | EE | (B) |) RESIDENCE | : (CITY a | and STATE OR CO | OUNTRY) | | | | |
| (1) 11111111111111111111111111111111111 | | | I | Reno, | NV | | | | | |
| IGT | | | | tent): | 🗆 individual 🛣 | | | | | |
| IGT | e assignee category or catego | ories (will not be pri | nted on the pat | ,, | | corporation or other private gr | oup entity 🚨 govern | | | |
| IGT Please check the appropriate | | • | Payment of F | | | corporation or other private gi | coup entity U governi | | | |
| IGT | | 4b. | . Payment of F | ee(s): | nt of the fee(s) is en | | oup entity governi | | | |
| IGT Please check the appropriate 4a. The following fee(s) are IS Issue Fee | | 4b. | Payment of Fo | ee(s): the amour | | closed. | oup entity U govern | | | |
| IGT Please check the appropriate 4a. The following fee(s) are States Fee | enclosed: | 4b. | . Payment of Fo | ee(s): the amour credit car | nt of the fee(s) is en | closed. | | | | |
| IGT Please check the appropriate 4a. The following fee(s) are 3 Issue Fee Publication Fee (No so Advance Order - # of | enclosed: | 4b. d) | . Payment of Fo | ee(s): the amour credit car | nt of the fee(s) is en | closed. | | | | |
| IGT Please check the appropriate 4a. The following fee(s) are State Fee Publication Fee (No see Advance Order - # of Change in Entity Status | enclosed: mall entity discount permitte Copies 10 | 4b. d) | B A check in the Payment of Four Payment by The Director Deposit According | ee(s): the amour credit car or is here unt Numb | nt of the fee(s) is end. rd. Form PTO-2038 by authorized by compared by authorized by compared by the feet of th | closed. | credit any overpaymer opy of this form). | | | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Neil D. Falconer

Appl. No.:

09/963,922

Conf. No.:

1274

Filed:

September 26, 2001

Title:

GAMING DEVICE HAVING MULTIPLE IDENTICAL SETS OF

SIMULTANEOUSLY ACTIVATED REELS

Art Unit:

3713

Examiner:

Michael W. O'Neill

Docket No.:

112300-638

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 CFR 1.10

Sir:

I hereby certify that the following documents relating to the above-identified application:

- 1. Transmittal of Payment of Issue Fee (Large Entity) (duplicate);
- 2. Part B Fee(s) Transmittal (duplicate);
- 3. A Check in the amount of \$1,700.00; and
- 4. A postcard which we ask you to date stamp and return.

are being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to:

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

EV512722548US

on November 9, 2004.

Respectfully submitted,

BELL, BOYD & LLOYD LLC

Heather Foster

Name of Person Mailing Correspondence

EV 512 722 548 US

Express Mail Mailing Label Number

| TRANSMIT | Docket No. | | | | | | |
|---|--|---------------------------|--|---|---|--|--|
| | 0112300-638 | | | | | | |
| Applicant(s): Falco | mer NOV 0 9 2004 | | | | | | |
| Application No. 09/963,922 | September 26, 2001 | Examine Michael W. O | | Customer No. 29159 | Group Art Unit 3713 | Confirmation No. | |
| Invention: CAM REELS | IING DEVICE HAVI | NG MULTIPLE IDE | ENTICAL S | ETS OF SIMU | LTANEOUSLY A | ACTIVATED | |
| | | COMMISSIONER | ox 1450 | ENTS | | | |
| | th are the following fo | | ed applicati | on. | | | |
| | ansmittal Form PTOL \$1370.00 | -85 ☑ Design Fee: | | | Plant Fee: | | |
| Publication FeA check in the | <u> </u> | 7 00.0 0 is attacl | nod | | | | |
| | is hereby authorized t | | | count No. | 02-1818 | 8 | |
| as described | | - | - | | | | |
| | arge the amount of edit any overpayment | | | | | | |
| 010 | arge any additional fe | | | | | | |
| | redit card. Form PTC | • | | | | | |
| WARNING: In | nformation on this f this form. Provide c | orm may become i | public. Cre tion and au | dit card inforn uthorization or | nation should n n PTO-2038. | ot be | |
| Older | Hlong | | 5 | | ••• | | |
| | Signature | | Dated: | November 9, | 2004 | | |
| Adam H. Masia BELL, BOYD & | (Reg. No. 35,602) | | | | | | |
| P. O. Box 1135 | LEGID LEC | | | | | | |
| Chicago, Illinois | | | | | | | |
| Phone: (312) 80' | 7-4284 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CC: | Santa of Turnumissian be | . Fassimila | | | | | |
| | ficate of Transmission by ertificate may only be us by deposit account | ed if paying | | Certificate of M | lailing by First Cla | ss Mail | |
| | document and authoriza g facsimile transmitted | tion to charge deposit | with the first clas | United States Posss mail in an enve , P.O. Box 1450, | s correspondence is stal Service with suf lope addressed to " Alexandria, VA 223 | fficient postage as 'Commissioner for | |
| (Date) | | | | (Date) | <u> </u> | | |
| | Signature | | | Signature of Per | son Mailing Correspo | ondence | |
| Tuned or Pris | nted Name of Person Signin | a Certificate | Typed or Printed Name of Person Mailing Correspondence | | | | |